

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento CA 95814

(916) 445-6271



March 23, 1981

ALL-COUNTY LETTER NO. 81-27

TO: ALL-COUNTY WELFARE DIRECTORS  
ALL-COUNTY STAFF DEVELOPMENT OFFICERS

SUBJECT: ANNUAL COUNTY TRAINING PLANS - FY 1981-82

REFERENCE:

Attached is the format and instructions for your FY 1981-82 Annual County Training Plan.

The Training Plan you provided us last year has been very valuable. The information gave the department an overview of each county's training activities and allowed the Training Bureau to identify areas where the county training consultants could provide assistance to individual counties. The information formed the basis for justifying the training items in the 1981-82 Governor's Budget and allowed the department to answer the ever increasing questions from the Federal Government about county training programs and expenditures.

The format for FY 1981-82 has not changed significantly from previous years. Next year there may be some changes resulting from the new Federal requirements for Title IVB and Title XX training plans, although at this time we do not have the specific requirements for those plans.

The plan is not intended to reflect the funding for staff development, nor does it reflect a commitment to actual expenditures. Training activities should be included in the plan, even though they may not be eligible for reimbursement as staff development expenses.

PLAN FORMAT

The plan format contains four distinct parts. Following is a summary of the information asked for in the plan.

PART I: DEMOGRAPHIC INFORMATION

Contains basic demographic information about the county and the staff development function and personnel. You are expected to submit updated information as major changes occur.

PART II: TRAINING RECAP FOR 1980-81

Contains statistical information and a certification of Mandated Training for FY 1980-81. PART II IS DUE AUGUST 1.

PART III: PROGRAM STATEMENT

Contains your description of your approach to training, goals and objectives, needs assessment processes, new programs, ongoing programs evaluation processes, and long term training plans. This section is less structured than the previous sections. The intent is to gather the requested information without restricting the manner in which you present it.

You should attempt to give us as clear a picture as possible of your training operation. The department does not advocate or require one approach to training, but rather requires that learning needs are effectively assessed, that training programs are developed to meet those learning needs and that they are evaluated to determine their effectiveness. Any number of approaches may be taken to meet objectives and suit the particular county situation.

PART IV: STATE PROGRAM TRAINING NEEDS

This part is designed to solicit your input around those needs you feel should be met with state programs. This information will be given to appropriate program managers for their consideration.

DUE DATE

Please submit two copies of Parts I, III, and IV no later than May 1, 1981, to:

Diane O. Just, Chief  
County Training Unit  
Training Bureau, M.S. 7-173  
State Department of Social Services  
744 P Street  
Sacramento, CA 95814

Part II, "Training Recap for 1980-81" is due AUGUST 1, 1981.

QUESTIONS/CONSULTATION

County Training consultants will help you develop your plan if you require assistance in understanding the format or the definitions, defining the scope of your response, strategizing to help staff development become more effective, or any other item which is hindering your successful completion of the plan. A consultant is assigned to each county (see attached); please contact that individual. If you are unable to reach your consultant, questions may be directed to Diane Just (916) 445-6271 or ATSS 485-6271.

EVALUATION/FOLLOW-UP

Each plan will be reviewed and evaluated by the Training Bureau. Counties whose plans are incomplete, unsatisfactory, or require clarification, will be contacted

by the consultant to discuss the evaluation. Counties who are interested in discussing their plans or receiving feedback on them after submission are encouraged to call their consultant. Moreover, some of you who have noteworthy training activities will be contacted by your training consultant for more in-depth follow-up discussions about your approach to training.

I look forward to continued cooperation with you as we work to increase the effectiveness of staff development throughout the state.

Sincerely,

A handwritten signature in cursive script that reads "Claude Finn".

CLAUDE E. FINN, III  
Deputy Director Administration

Attachments

cc: CWDA

CONSULTANTS FOR COUNTY TRAINING PLANS

Phone: (916) 445-6271  
ATSS 485-6271

Diane Just  
James "Tash" Tashima  
Chris Cervantes

Julia Miranda-Bursell  
Norma Clemons

<u>County</u>	<u>Consultant</u>	<u>County</u>	<u>Consultant</u>
Alameda	Tash	Placer	Julia
Alpine	Chris	Plumas	Julia
Amador	Julia	Riverside	Julia
Butte	Norma	Sacramento	Julia
Calaveras	Chris	San Benito	Chris
Colusa	Chris	San Bernardino	Tash
Contra Costa	Julia	San Diego	Tash
Del Norte	Norma	San Francisco	Julia
El Dorado	Norma	San Joaquin	Tash
Fresno	Chris	San Luis Obispo	Tash
Glenn	Julia	San Mateo	Tash
Humboldt	Julia	Santa Barbara	Julia
Imperial	Tash	Santa Clara	Chris
Inyo	Tash	Santa Cruz	Chris
Kern	Julia	Shasta	Chris
Kings	Tash	Sierra	Julia
Lake	Chris	Siskiyou	Julia
Lassen	Chris	Solano	Julia
Los Angeles	Diane	Sonoma	Julia
Madera	Chris	Stanislaus	Julia
Marin	Chris	Sutter	Chris
Mariposa	Tash	Tehama	Chris
Mendocino	Tash	Trinity	Tash
Merced	Tash	Tulare	Norma
Modoc	Tash	Tuolumne	Tash
Mono	Julia	Ventura	Norma
Monterey	Chris	Yolo	Julia
Napa	Chris	Yuba	Norma
Nevada	Tash		
Orange	Tash		

**INSTRUCTIONS**  
**COUNTY TRAINING PLAN FOR F.Y. 1981-82**

**PART I                      DEMOGRAPHIC INFORMATION**

**INTENT**                      Part I is designed to provide basic demographic information about your department and its training function. This information is part of your permanent county file.

**RESPONSIBILITY**              The county welfare department is responsible for immediately informing the State Department of Social Services Training Bureau of any changes to this basic information.

**FORMAT**                      Please provide the requested information using the attached format.

**ATTENTION:** Each main item in Part I has a ☐ **No Change** item. If one of the items has not changed from your F.Y. 1980-81 Plan, you may simply check the box and leave the remainder of the item blank.

Only those items which require clarification or definition beyond that provided in the form are detailed below.

The plan is not intended to reflect the funding for staff development, nor does it reflect a commitment to actual expenditures. This information is necessary for the Department of Social Services to obtain a composite of each county's mandates, needs and realistic ideals for training. You should include all training activities in the plan even though they are not eligible for reimbursement as staff development expenses.

**ITEMS**

**DEFINITION OF TRAINING**              Use the following definition of training throughout this plan. It is taken from Division 14-000. Training is any structured activity which meets all of the following conditions:

- Is the result of a consciously assessed learning need (by line, management or training personnel).
- Is designed to improve an individual's or organizations performance.
- Is characterized by a set of overt learning objectives.
- Is characterized by processes designed to foster adult learning.
- Is controlled, coordinated, or monitored and actively supported by the training personnel.

**E. STAFF DEVELOPMENT STAFFING**

Following are the definitions which should be used in identifying the level of a position:

**MANAGER/SUPERVISOR**

Those individuals who have primary responsibility for supervising and managing staff who carry out training activities. These individuals may also have trainer or support duties.

**TRAINER**

Those individuals who have primary responsibility for coordinating and/or carrying out training activities (planning, evaluating, conducting training programs; providing consultation services, etc.). Trainers may also have support functions.

**SUPPORT**

Those individuals who have primary responsibility for providing administrative, clerical and other support to the training function.

ITEMS  
(Continued)

E. STAFF  
DEVELOPMENT  
STAFFING

Following are the definitions which should be used in identifying the program areas:

INCOME MAINTENANCE TRAINING

The time devoted to all training and training related activities directly related to income maintenance programs.

SOCIAL SERVICES TRAINING

The time devoted to all training and training related activities directly related to social services programs.

SUPERVISORY AND MANAGEMENT TRAINING

The time devoted to training and training related activities designed to develop supervisory and management skills within the department regardless of the program areas of the participants.

GENERAL TRAINING

The time devoted to training and training related activities that are general rather than directed to a particular program (e.g., writing skills, cultural awareness, stress management, etc.)

OTHER TRAINING

The time devoted to training and training related activities that are not covered in the above four categories (e.g., some Organizational Development activities, Management Assessment Centers, special projects, etc.). If the time in this area exceeds 25% please attach an explanation.

VACANT OR PART-TIME POSITION

Use this column to indicate that a position is currently vacant.

If the position's time base is less than full time (e.g.,  $\frac{3}{4}$  or  $\frac{1}{2}$ ) but the position is assigned to the training function only, indicate the time base in this column.

E-3  
STAFF  
INTERMITTENTLY  
PROVIDING  
FORMAL TRAINING

In the course of a year in some counties, a significant source of training staff are not formally assigned to the training function, but who intermittently provide formal training to appropriate groups in the department. For example, a program specialist who occasionally delivers a program related workshop, a clerical supervisor who offers a dictating workshop, a manager who provides a stress training workshop, a services worker who shares back learnings from a Family Reunification workshop.

Estimate the number of persons you will use over the course of the year and the total number of person hours those individuals will spend in the preparation and delivery of these workshops.

COUNTY

☐ No Change

2. TITLE

4. TELEPHONE

6. PERCENT OF TIME  
SPENT ON TRAINING

☐ OTHER (SPECIFY) \_\_\_\_\_☐ No Change

2. TITLE

4. TELEPHONE

6. PERCENT OF TIME  
SPENT ON TRAINING

☐ OTHER (SPECIFY) \_\_\_\_\_☐ No Change☐ No ChangeCOMMENTS ON SIGNIFICANT CHANGES (OPTIONAL)

1/ The plan is not intended to reflect the funding for staff development. You may include items in this column that are not eligible for reimbursement as staff development expenses.

# **E. STAFF DEVELOPMENT STAFFING**

1. POSITIONS ASSIGNED FULL TIME TO THE TRAINING FUNCTION Use one line for each position, check level of staffing. ☐ No Change

POSITIONS AND LEVEL OF STAFFING	% OF TIME SPENT IN EACH AREA						VACANT OR PART-TIME POSITION
	INCOME MAINTENANCE	SOCIAL SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING	TOTAL	
<input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support						100 %	
<input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support						100 %	
<input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support						100 %	
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<input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support						100 %	
<input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Trainer <input type="checkbox"/> Support						100 %	

If more space is needed, check here ☐ and attach additional sheets.



## 2. STAFF ASSIGNED PART TIME TO THE TRAINING FUNCTION

Use one line for each person assigned part time to the training function. Check the appropriate level of staffing for each person. Level of staffing refers to the person's roles-responsibilities as it applies to the training function only.

☐ No Change

INDIVIDUALS AND LEVEL OF STAFFING	% OF TIME SPENT IN TRAINING OR TRAINING RELATED ACTIVITIES	% OF TRAINING OR TRAINING RELATED TIME SPENT IN EACH AREA					
		INCOME MAINTENANCE	SOCIAL SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING	TOTAL
<input type="checkbox"/> Manager/Supervisor							
<input checked="" type="checkbox"/> Trainer	50%	80%		10%	10%		100%
<input type="checkbox"/> Support							
<input type="checkbox"/> Manager/Supervisor							
<input type="checkbox"/> Trainer							100%
<input type="checkbox"/> Support							
<input type="checkbox"/> Manager/Supervisor							
<input type="checkbox"/> Trainer							100%
<input type="checkbox"/> Support							
<input type="checkbox"/> Manager/Supervisor							
<input type="checkbox"/> Trainer							100%
<input type="checkbox"/> Support							
<input type="checkbox"/> Manager/Supervisor							
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<input type="checkbox"/> Manager/Supervisor							
<input type="checkbox"/> Trainer							100%
<input type="checkbox"/> Support							
<input type="checkbox"/> Manager/Supervisor							
<input type="checkbox"/> Trainer							100%
<input type="checkbox"/> Support							

If more space is needed, check here ☐ and attach additional sheets.

3. STAFF INTERMITTENTLY PROVIDING FORMAL TRAINING ☐ No Change

Estimated number of persons						
Estimated number of person hours Include preparation and delivery time						

## F. ORGANIZATIONAL STRUCTURE

☐ No Change

1. Attach an organization chart of the department, indicating the placement of training.

2. Attach an organization chart of the training section/function.

Add a narrative if you feel it will help us understand the training section organization.

## G. TRAINING POLICY

☐ No Change

Division 14--200 regulations require that each county welfare department have a training policy in writing and that the policy be available to all staff. Please attach a copy of this policy.

## **PART II**

## **TRAINING RECAP FOR F.Y. 1980-81**

### **INTENT**

The purpose of this section is to help the State Department of Social Services answer questions from the Legislature, the Legislative Analysis Office, the Federal Government and the Department of Finance.

### **FORMAT**

Please use the attached format to provide the information. Only those items which require clarification or definition beyond that provided in the form are detailed below.

### **ITEMS**

#### **TYPE OF TRAINING**

The definitions for type of training are identical to those used in Part I.

#### **A. INSERVICE TRAINING**

##### **1. Number of Participants**

Count each person attending each workshop. It is not uncommon to count a person more than once since they may attend several workshops during a year.

#### **B. REGULATION MANDATED TRAINING**

Complete the attached Certification of Regulation Mandated Training by signing and dating.

# **PART II DUE AUG. 1**

PART II - TRAINING RECAP FOR F.Y. 1980-81

COUNTY

**A. INSERVICE TRAINING** That training developed coordinated and conducted by the county welfare department or by a contracting instructor or training agency to meet the sole and specific needs of the welfare department. Generally only employees of the welfare department attend these sessions. **DO NOT** include courses offered as a part of Title XX University training contracts.

TYPE OF TRAINING

INCOME  
MAINTENANCE

SOCIAL  
SERVICES

SUPERVISORY  
MANAGEMENT

GENERAL  
TRAINING

OTHER  
TRAINING

TOTAL

1. Number of Participants

2. Number of Participant Hours

3. Number of Classroom-Workshop Hours

4. Number of Trainer hours in Actual Classroom/Workshop

**B. OUTSERVICE TRAINING** That training developed, coordinated or conducted outside the county welfare department to which the county welfare department sends staff. Courses are not specifically designed for the county welfare department and participants in the training come from many sources. **DO NOT** include courses offered as part of Title XX University contracts.

1. Semester/quarter long college/university

a. Number of Participants

b. Number of Courses

2. Other outservice training

a. Number of Participants

b. Number of Participant Hours

**C. TITLE XX UNIVERSITY TRAINING**

Training developed, coordinated and conducted by universities under the terms of a state or county Title XX contract.

1. Number of Participants  
(Exclude stipend students)

2. Number of Participant Hours  
(Exclude stipend students)

3. Number of Stipend Students

4. Number of Participants listed in C.1.  
that are part-time/onsite MSW students

## CERTIFICATION OF REGULATION MANDATED TRAINING

The following regulations describe mandated training. Your signature will provide certification that you provided all mandated training in accord with these regulations in Fiscal Year 1980-81.

### 14-500 REQUIRED TRAINING PROGRAMS

#### 14-510 Continuing Training

.1 County welfare departments shall make provision for training activities designed to meet employee needs including but not limited to the following:

- .11 Preparing for newly assigned job duties
- .12 Expanding knowledge and understanding of their jobs and subject field
- .13 Providing knowledge and understanding of new and changing ideas
- .14 Remaining current on program changes, new programs, and other subject areas related to their duties and responsibilities.

#### 14-520 Recipient Fraud and Nondiscrimination

County welfare departments shall provide training to all appropriate staff in the implementation of the recipient fraud and nondiscrimination regulations in Divisions 20-000 and 21-000.

#### 14-530 Eligibility and Grant Determination

- .1 Eligibility and grant determination training shall be provided to each employee, and may be provided to volunteers (see Section 14-640), assigned to these functions within 90 calendar days from the date of employment or significant change in job duties, except that food stamp employees and volunteers shall be trained as specified in Section 63-202.5.
- .2 The training shall be in accordance with Department of Social Services standards and guidelines and shall include information on the following:
  - .21 Employee's position and function in the department
  - .22 Interviewing
  - .23 Referral to services
  - .24 Caseload management
  - .25 Documentation techniques
  - .26 Client rights
  - .27 Purpose and availability of early and periodic screening, diagnosis, and treatment services under the Child Health and Disability Prevention (CHDP) program.
  - .28 Purpose and availability of family planning services.

SIGNED	TITLE	DATE

INSTRUCTIONS  
COUNTY TRAINING PLAN FOR F.Y. 1981-82

**PART III**

**PROGRAM STATEMENT**

**INTENT**

This section is designed to allow you to fully describe your approach to using training as a management resource to improve organizational and individual performance. It also allows you to describe your specific plans for FY 1981-82.

The format described sets out those areas that **must be addressed**. Additional information is welcome to the extent that you feel it will give us a more clear understanding of your county's approach to training.

This format should allow you to describe what you have already done in addition to your future plans for 1981-82. It is not our intent to prescribe a process or dictate a single approach to training. The format identifies those elements which we believe should be a part of any planning process for training used by a county regardless of its size or level of its training expertise.

We recognize that assessment of needs and program design is an on-going process rather than an activity which occurs once a year. The plan format is intended to provide for a description of needs already identified for 1981-82 and new programs designed to meet them. The format also provides for a description of needs assessment processes you anticipate using during the year.

If the format we have described does not easily fit your situation, develop your own format, but ensure that all areas and questions are covered or addressed.

The **PROGRAM STATEMENT** contains five sections described below:

**A. GOALS AND OBJECTIVES**

Describe the overall goals and objectives of the training function and how they relate to the goals and objectives of the department. Please be as specific as possible.

Describe the specific objectives of the training function for 1981-82.

Describe the operational relationship between the (1) manager(s) responsible for the training function and (2) the program and other departmental managers.

You may also use this section to more fully describe the overall approach your department takes to training if Part I, Demographic Information, did not allow you to do so.

**B. NEEDS ASSESSMENT**

Describe the needs assessment process(es) you used or will use to identify training needs for Fiscal Year 1981-82. Include the following:

1. Identify program areas in which needs assessment have been or will be made. (Often needs assessments are directed to one particular program or program component rather than departmentwide. Describe these needs assessments separately.)
2. Describe the method(s) used.
3. Identify the individuals involved (e.g., numbers, levels, classification, etc.) If you do not have specific numbers describe in general terms.
4. Describe how decisions were or will be made in determining what is a "real" training need and how this information is validated.
5. Describe how decisions are or will be made on priorities and who is involved in those decisions.
6. Describe the results of the needs assessment process which are completed. Identify the priority training needs.
7. What priority needs are you addressing or planning to address.

**C. PROGRAM  
IMPLEMENTATION**

This section is designed to provide a description of the training services you provide to your agency staff. Each county will approach program implementation differently. Some approaches may be more formal or traditional than others. For example, while some counties may approach training through the use of group workshops, other counties may use a planned one-to-one approach. Both approaches (and others) can be legitimate techniques to use in meeting training needs depending on how they are carried out.

**1. Inservice  
Ongoing**

Refer to the descriptions of ongoing programs in your 1979-80 and 1980-81 annual plans. To bring the record of your ongoing programs up-to-date, provide information about the following changes:

- a. Deletions — List the title of any ongoing program which has been discontinued and why it was discontinued.
- b. Modifications — List the title and describe any programs which have substantive changes. Give the reason for the change (i.e., new needs data, evaluation information, change in participant population).
- c. Additions — List the title of programs which were described in your annual training plans in section "Inservice-New" for FY 1979-80 and FY 1980-81 which have now become ongoing programs. Specify the number of times you expect to offer the program(s).
- d. Describe any ongoing program not included in your 1980-81 plan. The description should include the following:
  - 1) The need the program is designed to meet and how that need was identified.
  - 2) A description of the program, including:
    - Learning objectives or subject areas
    - Expected results (outcomes)
    - Type of program (workshop, programmed instructions, other, etc.)
    - Description of intended participants (who, how many, from what programs, etc.)
    - A brief statement of the anticipated extent of the program (length, duration, etc.)
  - 3) Describe how you intend to evaluate the program.

Ongoing programs described in previously submitted plans, which remain essentially the same do not have to be listed in this plan.

**2. Inservice  
New**

Describe any new inservice training programs you anticipate developing in response to your priority training needs for FY 1981-82. Include the following:

- a. The need the program is designed to meet, and how the need was identified
- b. A description of the program, including learning objectives, or subject areas to be included, expected outcomes, type of program (workshop, programmed instruction, other).
- c. Description of intended participants, who, how many, from what areas or programs.
- d. A brief statement of the anticipated extent of the program, length, duration, etc.
- e. Describe how you intend to evaluate the program.

**C. PROGRAM  
IMPLEMENTATION  
(continued)**

**3. Inservice  
Other**

Describe any other inservice training activities or services you will be providing this year that were not included in Items 1 and 2 above. Examples include consulting, developing special projects, management assessment centers, etc. Include the following in your description:

- a. The need you are meeting.
- b. A description of the activity or service.
- c. A description of the typical beneficiaries of the service or program.

**4. Outservice**

Describe any outservice (use definition from Part II) training programs and services you will use to meet your priority training needs. Describe the nature of the program, expected results, etc.

**D. ACCOMPLISH-  
MENTS**

Discuss the extent to which the plan you submitted for 1980-81 reflects your actual activities /accomplishments in 1980-81.

**E. PROGRAM  
EVALUATION**

Refer to the descriptions provided in your 1979-80 and 1980-81 of your overall approach to evaluating the effectiveness of training programs and services. **If you did not describe your overall approach to evaluating the effectiveness of training programs and services in your annual plan, please start this section with that description.**

1. Describe information obtained through your evaluation process about the overall results of your staff development program in 1979-80, and 1980-81.
2. Describe any changes made or anticipated in your overall staff development program as a result of this information
3. Describe any changes you have made in your evaluation process as a result of this information.

Refer to your description of new inservice programs in 1970-80, and 1980-81.

1. Describe the specific evaluation process used to evaluate these new programs.
2. Provide a brief summary of the evaluations completed.
3. Describe any decisions/actions which resulted from these evaluations.

Include evaluative comments about the Title XX University Program, particularly around your negotiated agreements with the universities.

**F. LONG-TERM  
TRAINING  
PLANS**

Review your long-term plans as described in your annual plan for 1979-80, 1980-81.

1. Describe steps taken in 1980-81 toward completing these long-term plans.
2. Describe any changes in your long-term plans.
3. Describe any major steps the Training Bureau can take to support your plans.

**If you did not describe long-term plans for enhancing the effectiveness of the training function and training personnel in your county in the 1979-80 and 1980-81 plans, include the description in this plan. Include information about any steps the Training Bureau can take to support your specific long-term plans.**

## **PART IV**

## **COUNTY TRAINING NEEDS PROVIDED THROUGH STATE PROGRAMS**

### **INTENT**

This section provides you an opportunity to identify county training needs which you feel should be met by state program staff or state processes. The information you provide us will be used in the following ways:

#### **Program Managers**

To provide information to State Program Managers (e.g., AFDC, IHSS, Social Services, fiscal), who will then use this information as additional training need data when planning state training activities

#### **Training Bureau**

To provide information to the Training Bureau to plan training which we may provide to county training staff in training skills, training management, etc.

#### **LAST Projects**

To identify training needs that could be met through the Local Agency Special Training (LAST) Program.

#### **University Programs**

To provide information about needs which could be met through the Title XX University Training Projects.

#### **Other**

There may be other state processes or combination of processes you feel should be used to meet county training needs. When completing Part IV, do not limit yourself to the four processes outlined above if you feel there is another way which would be more appropriate in meeting the training need. If you do suggest a process other than the four outlined above, please describe it as specifically as possible.

### **TRAINING NEEDS**

Use this section to identify both those training needs described in Part III-B and any others you may be aware of which you feel should be met through the state programs described above. Submit the following information:

#### **The Need**

1. Describe the need and the needs assessment process used to identify the need. (Reference to the appropriate Part III-B section is acceptable.)

#### **Why**

2. Explain why the need should be met through a state program rather than a county program.

#### **Potential Participants**

3. Describe the potential participant population benefiting from the training. include as much information in this section as possible (e.g., numbers of participants, classification, program areas).

#### **State Process**

4. Describe the state process(es) you feel could best meet the need. Refer to those processes outlined above or describe the proposed process.